



GEORGIAN COURT UNIVERSITY
THE MERCY UNIVERSITY OF NEW JERSEY

OFFICE OF THE REGISTRAR

Georgian Court University Report Card Request Form

Name _____

Student ID # _____ Telephone # _____

Please mail a copy of my report to my employer as specified below:

Year/Term for report card: _____

Employer Address:

I understand that the Office of the Registrar will not send the report card directly to me and will only send it to my employer.

Student signature _____

Date of request _____